## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10682499

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			رد		10010		1 1	RATE	FEE		RATE	FEE
							l			-		
FC	)R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
ТО	TAL CHARGEA	BLE CLAIMS	3 mir	us 20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS				3 minus 3 = *				X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "C					"0" in c	column 2	į	TOTAL	385	OR	TOTAL	
(Column 1) (Column 2) (Column 3)							)_	SMALL	ENTITY	OR	OTHER SMALL	1
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 10	Minus	#2	0	=		X\$ 9=		OR	X\$18=	
	Independent	* 4	Minus	***	SCI ANA	- /	[	X43=	43	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL ADDIT, FEE	43	OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		3		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	###		=	]	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		]			UH		
+145= OR										OR	+290=	
							_ A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	<b>*</b>	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	]	X43=			X86=	
┖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┞	7		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nurr	mber Previously Paid	For" (Total or	Independe	ent) is the	highest numb	er four	nd in the app	ropriate box	in col	umn 1.	